

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr. Michael

NICKNAME

LAST

SUFFIX

Mike Thompson

OFFICE USE ONLY

Date Received

18 APR 5 10:16

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2613 Honey Springs Ln
Cedar Park, TX 78613

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(315) 212-0224

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs. Lynne

NICKNAME

LAST

SUFFIX

Thompson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2613 Honey Springs Lane
Cedar Park, TX 78613

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(919) 606 2622

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

2 / 12 / 2018

THROUGH

Month

Day

Year

3 / 26 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 5 / 2018

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Cedar Park City Council
Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr. Michael C (Mike) Thompson 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

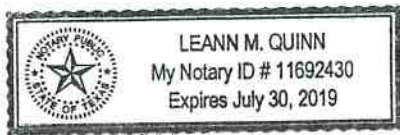
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 541.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3280.73
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 100.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 4268.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2506.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 355.58

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Thompson, this the 5th day of April, 20 18, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

LeAnn M. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Mr. Michael C (Mike) Thompson***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2425.88
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 313.33
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1000.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 355.58
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 596.67
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2113.11
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1458.02
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **87**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sara Groff

6 Contributor address;

City; State; Zip Code

817 Bogart, Cedar Park TX 78613

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sara Groff

Contributor address;

City; State; Zip Code

817 Bogart, Cedar Park TX 78613

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Smith

Contributor address;

City; State; Zip Code

3700 Katie Lane, Cedar Park TX 78613

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kimberly Gilby

Contributor address;

City; State; Zip Code

720 Nelson Ranch, Cedar Park TX 78613

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **67**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Debra Thompson

6 Contributor address; City; State; Zip Code

3770 Bridgewater Dr, Southport NC 28461

7 Amount of contribution (\$)

263.47

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Morin

Contributor address; City; State; Zip Code

2810 Zambia Dr, Cedar Park TX 78613

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Maria Martin

Contributor address; City; State; Zip Code

2300 Sandra Dr, Cedar Park TX 78613

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Maria Talamo

Contributor address; City; State; Zip Code

711 Jagged Rock, Cedar Park TX 78613

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 7

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anne Duffy

6 Contributor address;

City; State; Zip Code

2311 Erica Kaitlin Ln, Cedar Park TX 78613

7 Amount of contribution (\$)

52.95

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Antonio Champion

Contributor address;

City; State; Zip Code

12120 Terraza Circle, Austin TX 78726

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ariana Delbar

Contributor address;

City; State; Zip Code

103 County Rd #80 #22, Leander, TX 78641

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel Thompson

Contributor address;

City; State; Zip Code

329 S Northfield Rd, Millington, NJ 07946

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **67**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Paul Eaton

6 Contributor address;

City; State; Zip Code

2611 Honey Springs Ln, Cedar Park TX 78613

7 Amount of contribution (\$)

82.95

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Luis Zervigon

Contributor address;

City; State; Zip Code

2609 Beechnut Trace, Cedar Park TX 78613

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Will Simpson

Contributor address;

City; State; Zip Code

1832 Harvest Dance, Leander, TX 78641

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Heather Seft

Contributor address;

City; State; Zip Code

1202 Willowbrooke Dr, Cedar Park TX 78613

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 67

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christina Cavalli

6 Contributor address;

City; State; Zip Code

3300 Mossy Grove Ct, Cedar Park, TX 78613

7 Amount of contribution (\$)

75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christina Hunt Legrand

Contributor address;

City; State; Zip Code

2120 Heather Dr, Cedar Park TX 78613

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lizza Harrison

Contributor address;

City; State; Zip Code

14707 FM 2789, Volente TX 78841

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sara Groff

Contributor address;

City; State; Zip Code

817 Bogart, Cedar Park TX 78613

Amount of contribution (\$)

83.33

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **67**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Broz

6 Contributor address;

City; State; Zip Code

4308 Logan Ridge, Cedar Park, TX 78613

7 Amount of contribution (\$)

87.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mitch Fuller

Contributor address;

City; State; Zip Code

1510 Big Thicket Dr, Cedar Park TX 78613

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mitch Fuller

Contributor address;

City; State; Zip Code

1510 Big Thicket Dr, Cedar Park TX 78613

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patrick Walz

Contributor address;

City; State; Zip Code

3815 Campfire Dr, Cedar Park TX 78613

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kimberly Gilby

6 Contributor address;

City; State; Zip Code

720 Nelson Ranch, Cedar Park TX 78613

7 Amount of contribution (\$)

33.33

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Heather Jeffs

Contributor address;

City; State; Zip Code

1202 Willowbrooke Dr, Cedar Park TX 78613

Amount of contribution (\$)

23.16

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Mr. Michael C (Mike) Thompson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>Ø</u>	
5 Date <u>3/2/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lee Ann Nye</u>	8 Amount of Contribution \$ <u>150.00</u>	9 In-kind contribution description <u>Advertising (campaign photos)</u>
7 Contributor address; City; State; Zip Code <u>1808 Ascot Lane, Cedar Park TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Photographer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self-employed</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>3/5/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anne Duffy</u>	Amount of Contribution \$ <u>83.33</u>	In-kind contribution description <u>food + beverage for fundraiser / meet + greet</u>
Contributor address; City; State; Zip Code <u>2311 Erica Kaitlin Ln, Cedar Park TX 78613</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE A2

Date 3/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Bucy	Amount of Contribution \$ 30	In-kind contribution description Advertising - name tag
Contributor address; City; State; Zip Code 11008 Shallow Water Rd, Austin TX 78717		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES\$ ~~1,000~~ 0**5** Date

3/5/18

6 Full name of pledgor☐ out-of-state PAC (ID#: _____)

Bill Pohl

7 Pledgor address;

City; State; Zip Code

10800 Pecan Park Blvd Suite 125
Austin, TX 78750**8** Amount
of Pledge \$

1,000

9 In-kind contribution
description☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (See Instructions)

Owner/Partner, Real Estate

11 Employer (See Instructions)

Pohl Partners

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)

Pledgor address;

City; State; Zip Code

Amount
of Pledge \$In-kind contribution
description☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)

Pledgor address;

City; State; Zip Code

Amount of
Pledge \$In-kind contribution
description☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)

Pledgor address;

City; State; Zip Code

Amount of
Pledge \$In-kind contribution
description☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

2/13/18

7 Name of lender

☐ out-of-state PAC (ID#:)

Michael Thompson

9 Loan Amount (\$)

200

6 Is lender a financial Institution?

Y ☒ N

8 Lender address; City; State; Zip Code

2613 Honey Springs Lane,
Cedar Park TX 78613

10 Interest rate

0%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Software Engineer

13 Employer (See Instructions)

IBM

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3/10/18

Name of lender

☐ out-of-state PAC (ID#:)

Michael Thompson

Loan Amount (\$)

155.58

Is lender a financial Institution?

Y ☒ N

Lender address; City; State; Zip Code

2613 Honey Springs Lane, Cedar Park TX
78613

Interest rate

0%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Software Engineer

Employer (See Instructions)

IBM

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☒

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/18		5 Payee name Texas Democratic Party			
6 Amount (\$) 145.00		7 Payee address; City; State; Zip Code PO Box 116, Austin TX 78767			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN access	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/11/18		Payee name Patrick Walz			
Amount (\$) 118.33		Payee address; City; State; Zip Code 3815 Campfire Dr, Cedar Park TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse for printing of cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/20/18		Payee name Patrick Walz			
Amount (\$) 166.67		Payee address; City; State; Zip Code 3815 Campfire Drive, Cedar Park TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse for chamber event fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="font-size: 1.2em;">Mr. Michael C (Mike) Thompson</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/21/18</div>	5 Payee name <div style="font-size: 1.2em;">Shellie Hayes - McAnahan</div>	
6 Amount (\$) <div style="font-size: 1.5em;">166.67</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">816 Bogart Rd, Cedar Park TX 78613</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">Reimburse for bowling 4 lives event</div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5	2 FILER NAME Mr. Michael C. (mike) Thompson	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0			
5 Date 2/12/18	6 Payee name GoDaddy.com				
7 Amount (\$) 30.71	8 Payee address; City; State; Zip Code 14455 N. Hayden Rd, Ste. 226, Scottsdale, AZ 85260				
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domain name registration (Advertising) Advertising Expense	(b) Description domain registration <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date 2/15/18	Payee name GoDaddy.com				
Amount (\$) 12.17	Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste. 226 Scottsdale AZ 85260				
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Domain name registration (Advertising) Advertising Expense	Description domain registration <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5	2 FILER NAME Mr. Michael C (Mike) Thompson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 3/5/2018	6 Payee name ZippityPrint.com	
7 Amount (\$) 70.99	8 Payee address; City; State; Zip Code 1600 East 23rd Street, Cleveland OH 44114	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Business cards Advertising (Advertising) Expense	(b) Description business cards <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/11/18	Payee name Bumper Active.com	
Amount (\$) 1569.63	Payee address; City; State; Zip Code 5925 Burnet Rd. Austin TX 78757	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Yard signs Advertising (Advertising) Expense	Description Yard signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 0	
5 Date 3/11/18		6 Payee name The Dig Pub			
7 Amount (\$) 79.10		8 Payee address; City; State; Zip Code 401 Cypress Creek Rd, Cedar Park, TX 78613			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description Food + beverage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	
				Office held	
Date 3/15/18		Payee name HERB			
Amount (\$) 110.69		Payee address; City; State; Zip Code 2800 E Whitestone Blvd Cedar Park TX 78613			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food supplies for pizza party event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	
				Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 0	
5 Date 3/13/18		6 Payee name GoDaddy.com			
7 Amount (\$) 191.75		8 Payee address; City; State; Zip Code 14455 N. Hayden Rd, Ste. 226 Scottsdale, AZ 85260			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) web hosting Advertising (Advertising) Expense		(b) Description web hosting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 2/15/18		Payee name Office Max			
Amount (\$) 10.83		Payee address; City; State; Zip Code 1105 C-Bar Ranch, Trail #C, Cedar Park TX 78613			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Business Cards <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>5</u>	2 FILER NAME <u>Mr. Michael C (Mike) Thompson</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>Ø</u>
5 Date <u>3/14/18</u>	6 Payee name <u>HEB</u>	
7 Amount (\$) <u>15.82</u>	8 Payee address; City; State; Zip Code <u>2800 E Whitestone Blvd Cedar Park TX 78613</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fundraising expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>propane for pizza party event</u>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <u>3/14/18</u>	Payee name <u>Target</u>	
Amount (\$) <u>21.42</u>	Payee address; City; State; Zip Code <u>1101 C-Bar Ranch Trail, Lot #2, Cedar Park TX 78613</u>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>thank you cards</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Mr. Michael C (Mike) Thompson	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/18	5 Payee name City of Cedar Park
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6 Amount (\$) 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 450 Cypress Creek Rd, Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Candidate Fee, Place 2 Fees	(b) Description candidate filing fee <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/18	Payee name Worley Printing
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Amount (\$) 108.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3217 N I-35 Frontage Rd, Austin TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Business Cards (Advertising Expense)	(b) Description Business Cards <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/18	Payee name Worley Printing
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Amount (\$) 1299.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3217 N-I35 Frontage Rd, Austin TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Road Signs (4x8) (Advertising Expense)	(b) Description road signs (4x8) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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